

PART V - INCOME OF SURVIVING SPOUSE AND/OR CHILD/REN AND CUSTODIAN OF CHILD/REN
(Important - Carefully read paragraph L of Instructions before completing this section)

SOCIAL SECURITY INFORMATION

26A. HAVE YOU APPLIED FOR OR ARE YOU RECEIVING OR ENTITLED TO RECEIVE BENEFITS FROM THE SOCIAL SECURITY ADMINISTRATION ON YOUR OWN BEHALF OR ON BEHALF OF A CHILD/REN IN YOUR CUSTODY?

☐ YES ☐ NO

26B. BEGINNING DATE (Month, year)

| MONTHLY BENEFIT(S) | SURVIVING SPOUSE OR CUSTODIAN OF CHILD/REN | EACH CHILD'S SHARE |
|--|--|--------------------|
| 26C. AMOUNT OF MONTHLY SOCIAL SECURITY CHECK | \$ | \$ |
| 26D. ADDITIONAL MEDICARE DEDUCTION | | |
| 26E. TOTAL MONTHLY BENEFITS (Sum of 26C and 26D) | \$ | \$ |

26F. IS SOCIAL SECURITY BASED ON YOUR OWN EMPLOYMENT?

☐ YES ☐ NO

26G. DO YOU EXPECT YOUR SOCIAL SECURITY BENEFITS TO INCREASE AS A RESULT OF THE VETERAN'S DEATH?

☐ YES ☐ NO

REPORT GROSS MONTHLY INCOME, BY SOURCE, INCLUDING ANY MONTHLY DEDUCTIONS FOR EACH FAMILY MEMBER

| ITEM NO. | SOURCE | SURVIVING SPOUSE OR CUSTODIAN OF CHILDREN | AMOUNT OF INCOME | | | BEGINNING DATE |
|----------|---|---|------------------|------|------|----------------|
| | | | NAME OF CHILDREN | | | MONTH/YEAR |
| | | | NAME | NAME | NAME | |
| 27A. | U.S. CIVIL SERVICE | | \$ | \$ | \$ | |
| 27B. | U.S. RAILROAD RETIREMENT | | \$ | \$ | \$ | |
| 27C. | MILITARY RETIREMENT | | \$ | \$ | \$ | |
| 27D. | BLACK LUNG BENEFIT | | \$ | \$ | \$ | |
| 27E. | INCOME/PUBLIC ASSISTANCE SUPPLEMENTAL SECURITY | | \$ | \$ | \$ | |
| 27F. | ALL OTHER INCOME (Specify source - for additional space, use Item 37, "Remarks.") | | \$ | \$ | \$ | |

REPORT EXPECTED GROSS ANNUAL INCOME (OR ONE-TIME INCOME) FOR THE 12 MONTH PERIOD FROM DATE OF VETERAN'S DEATH OR, IF CLAIM IS FILED MORE THAN 45 DAYS AFTER THE VETERAN DIED, THE 12 MONTH PERIOD FROM THE DATE THE CLAIM IS SIGNED.

| ITEM NO. | SOURCE | SURVIVING SPOUSE OR CUSTODIAN OF CHILD/REN | AMOUNT OF INCOME | | | BEGINNING DATE |
|----------|---|--|-------------------|------|------|----------------|
| | | | NAME OF CHILD/REN | | | MONTH/YEAR |
| | | | NAME | NAME | NAME | |
| 28A. | EARNINGS | | \$ | \$ | \$ | |
| 28B. | DIVIDENDS, INTEREST, ETC. | | \$ | \$ | \$ | |
| 28C. | LIFE INSURANCE | | \$ | \$ | \$ | |
| 28D. | ALL OTHER INCOME (Specify source - for additional space, use Item 37, "Remarks.") | | \$ | \$ | \$ | |

YOU MUST SIGN AND DATE THIS FORM AT THE BOTTOM OF PAGE 8.